1:Ingrams G-5 (1934-35)1936 MM2 Hadhramaut MM2

Prisons.

697 In Mukalla there is one prison, and "lock-ups" in the police stations. There are said to be 20 warders in the prison who wear a khaki uniform, but I only saw six. The prison is in the charge of the Commander of the Forces. On inspection the only prisoners seen were political, some 30 men and boys who were hostages from the various tribes and who are changed every month.

The headquarters of the uniformed police contains two cells where short sentences are served and remand prisoners detained. It was said that prisoners were not kept there for more than 24 hours.

CHAPTER XIV.

SOCIAL SERVICES IN QU'AITI TERRITORY.

Health Administration.

● 743 There is only one Government medical institution and that is the dispensary in Mukalla.[1] It is in charge of a Hindu doctor assisted by a compounder and three dressing boys. The doctor took over his duties in April 1934, and from the 3rd of that month to the end of September he had treated 1,575 patients. In the month of October the number was 147. He performs only very minor operations and the figures include eight or ten such cases. Most of the doctor's work is in the dispensary itself, but he is sometimes called in for domiciliary visits. The dispensary is open from 8 to 12 in the morning and from 5 to 8 in the evening for urgent cases.

164 The principal ailments are diseases of the eye, eye trachoma being very prevalent, and rheumatic affections of the joints. There is no malaria in Mukalla, but cases come in from outside. The doctor possesses no microscope, but he has not traced any cases of ankylostomiasis or bilharzia. There is practically no syphilis, but gonorrhoea is fairly common. Constipation is chronic. From April to October he had used almost two hundredweight of magnesium sulphate. Tropical ulcers are fairly common.

164 751 Mr. H. M. Heald in his report on the agricultural resources says "Smallpox seemed to be the most fatal disease in the interior, and in some years whole villages were wiped out; I was informed that for generations they have had a system of inoculation performed by taking the blood from a child with the disease and rubbing it in a cut made on the arm, generally between the shoulder and elbow. In Mukalla, being the seaport connected with the east, they sometimes had plague, but as far as I could gather they had been free for a number of years."

743 In addition to his dispensary work the doctor is in charge of the Port Health work for ships and dhows, and has recently been appointed medical officer of health in the town.

[1] There may now be a dispensary operating in Shihr.

1: Ingrams G-5 (1934-35)1936 MM2 Hadhramaut MM2

The Kathīris have no organised Governmental institutions in the accepted sense of the word, though the Sultan and his supporters, including the wealthy Seiyids of Tarim and Seiyun, are very anxious for progress. Sultan 'Ali's state income is estimated at $20,000 a year in respect of Seiyun, Taris and Mariama; $6,000 of this is a direct contribution from the Al Kaf Seiyids, and the remainder consists of taxes on dates and on goods entering Seiyun. The whole sum is expended on state services, for Sultan 'Ali has a private income derived from Singapore. He maintains a force consisting of 200 indifferently armed slave soldiers in Seiyun, and 200 in Tarim. 643 642 651 565

In Tarim the Al Kaf contribute $12,000 a year to the city Treasury. There is a Town Council which organises the local taxation, and thanks to the Al Kaf Seiyids its affairs are said to be run in a very business-like way, for its budget balances. In normal times the political expenditure on maintaining peace between Tarim and the neighbouring tribes is perhaps $4,000 a year, and this is all borne by the Al Kafs. But to this normal expenditure is often added extraordinary expenditure as, for instance, in a case which occurred about May 1934, when Seiyid Bubekr, the second brother of the family, spent $12,000 in settling a dispute between Tarim and the Tamimis. 651 632 565

In Tarim and Seiyun there is a doctor and dispensary, but they are supported by the Seiyids. At the time of my visit, the doctor, a Punjabi, was on leave and such work as was being carried on was being done by a dispenser. No great public use was made of his services. The dispensary costs the Al Kafs about $1,000 a month, and they spend $2,000 a month on charities and roads. As regards their expenditure on communications it should be recorded that they built all the water pools on the caravan route from Tarim to Shihr, that they spent $7,000 on building a pass at Al 'Arsha for caravans, and that Seiyid Bubekr has spent over $180,000 on road making between Tarim and Shihr. 743 565 735 653

The schools in Kathīri territory are almost entirely supported by the wealthy Seiyids. There are two Ribāts, religious foundations, principally supported by *Waqfs* (religious endowments) for the teaching of religion and philosophy. Of these one is in Seiyun and has an attendance of 40 students, and the other is in Tarim with an attendance of 120. The Saqqaf family of Seiyids maintain two schools in Seiyun, one containing 500 boys and seven teachers, the other 100 boys and four teachers, and the Al Kafs, who also contribute to the Ribāts, run two schools in Tarim. One of these formerly had an attendance of 400 boys but it is now only attended by children of the family, numbering 54. The other, a public school, accommodates between 300 and 400 boys. The Al Kafs also run one if not two schools at Khoreiba in Wadi Du'an in Qu'aiti territory. They are, in fact, the only people undertaking educational activities in a wider sense in that province. I believe, too, that they support the private schools in Mukalla and Shihr. 565 871

2:Ingrams G-5 (1934-35)1945 MM2 Hadhramaut MM2

He is no longer apt to be shot at by Government soldiers and he brings his troubles to the Government. The provincial governors and the district heads are better men and better paid than they used to be and all new candidates have courses of instruction before appointment. There are systems of State and tribal courts which are becoming more and more effective. There is a special department of bedouin affairs which is staffed entirely by Hadhrami tribesmen: five or six years ago no Hadhrami tribesmen were employed in any positions of responsibility.

As regards social services, in 1934 there was one doctor, mainly for the Sultan though he ran a public dispensary, and medical services cost Rs. 5,500 a year: in 1944 the sum voted was Rs. 74,000 for medical and sanitary services. There was an establishment of four doctors, and a State hospital for fifty in-patients was being built in Mukalla.

In 1934 education cost Rs. 6,000 and about three hundred boys received some sort of schooling. In 1944 Rs. 1,054,000 was provided. The number of boys in primary Government schools on the coast has increased to about seventeen hundred. There were between a hundred and thirty and a hundred and forty girls in the new Mukalla girls' school, and an intermediate boarding school, assisted by the British Council and a grant from His Majesty's Government, had been started with about eighty boys. As part of the famine relief measures, children were brought down from the Hadhramaut and have now been taken over by the Qu'aiti State which bought a village outside Mukalla and is now housing three hundred boys and girls in it. A wall enclosing garden land has been built round it and the children work the garden and are apprenticed to various local trades. They are given a modest schooling and it is hoped that they will also be taught by means of a village council to run their own village.

Another State educational experiment owes its impetus mainly to the enthusiasm of the young men of Mukalla. A number of young men have gone through a course organized by the Education Department in how to teach illiterate adults to read and write. These teachers compiled a coolies' vocabulary of seven hundred words or so and when I left were about to teach coolies from the Hadhramaut, who had come seeking for work at the coast on account of the famine, how to write the language they speak, a sort of basic Arabic. There are schemes for producing a small newspaper in this simplified form of speech and for developing some public-health consciousness.

What little the State could do towards the war effort it has done. It provided a company for guard duties in Aden while the Italians were in the war. It has raised a Pioneer Company for service in the Middle East Command. It has guarded the R.A.F. aerodromes in the State and provided coastal guards. The Public Works Department has built an R.A.F. station at about a third of the cost expected. It has landed and handled a great quantity of R.A.F. stores. In addition, at the outbreak of war when the surplus balance was about Rs. 80,000, it contributed Rs. 20,000 for general war purposes, and Hadhramis at home and abroad subscribed to a

2:Ingrams G-5 (1934-35)1945 MM2 Hadhramaut MM2

the first two or three years. It has its headquarters at Mukalla and posts in most of the more important bedouin areas. Service in it is now very popular and almost all tribes are represented. Its members are trained not only as soldiers but also as settlers of disputes by pacific means. The force runs, with Mukalla Government assistance, a small military hospital which is the first hospital to have been established in the Hadhramaut and serves all the forces. To promote bedouin education and bedouin agriculture and to control locusts, it has enlisted teachers and agricultural soldiers, and they are almost all young seiyids of good family who hitherto had thought it quite unheard of to do any work. They were enlisted as ordinary soldiers and went through some military training without arms but had to do all the ordinary fatigues such as digging and road making. The teachers were given a teachers' training course and they now operate an admirable boarding school for a hundred bedouin boys; district schools have also been started at some of the outposts. The teachers have dispensary courses at Aden so that in an elementary way medical assistance and education are now available in bedouin districts. At some of these places the teachers also run grain shops for famine relief, where Government grain is sold at cost price to bedouins.

A good start had also been made with a bedouin girls' boarding school. A few bedouin women are already proving successful as nursing assistants and I hope that some of these girls will afterwards become nurses and teachers.

So much for the Residency organization. The object has been to help the State to become effective in its government and to make the best use it can of its resources. I have always tried to look at things from the point of view of the State only, in the way that the treaty, as explained in the Note, required. But in view of the exclusive nature of the people I have in addition always worked as if I were one of them. I have, at their request, worn their clothes: as it is illegal to possess alcohol in the Hadhramaut, my house has always been "dry" and we have, outside the privacy of our own quarters, always lived as the country lives. I am sure that it is because of working and living as a part of the people that we have been able to do as much as we have. What I have done on my own initiative has not been questioned because it has not been felt that it was done by a foreigner or for a foreign Government.

As a Christian I had at first difficulty in finding acceptance by a community which feels it almost impossible to understand even the existence of Christian Arabs. In various parts of the country the objection was always brought up that the signing of treaties providing for advisers would mean the introduction of missionaries and the building of churches. I have always told them that missionaries would not be forced on them, and I have further said that these States were recognized as Muslim Arab States and that, as a member of an Arab Muslim Government, I felt it my duty to support the State religion. Personally, although I cannot claim any particular orthodoxy in religion, I find inspiration for my work in the

9: Ingrams G-4 (1934-1944) 1945 MM2 Hadhramaut MM2

Government and beduin. Many beduin tribes who were inveterate foes of the Qu'aitis have now declared permanent peace with the Government and said they are "sons of government." The State Government has now a beduin affairs department staffed entirely by local tribesmen, and there is a system of tribal courts. There are many tribesmen in Government service, and the greater number of the soldiers and police are now tribesmen and beduin. In the old days, Hadhrami tribesmen were hardly ever employed in Government and there were very few in the forces. The only effective soldiers were Yafa'is, irregular mercenaries and slaves. Even the Government slaves have now disappeared. There is an African company in the regular army which consists of ex-slaves and Somalis and is employed on guarding an R.A.F. station, and others are employed as Government servants on the same footing as Arabs; the old slaves have been pensioned. All soldiers and police are taught to read and write, and by passing examinations in the military school can and do secure promotion. Enlistment is popular now because of the amenities provided and because a soldier can definitely expect to be more fitted for civil life when he leaves the forces. The status of a military life is very definitely advanced.

Another thing that attracts attention is the development in education. The coastal elementary schools have 1,700 boys in them instead of 300, and the education department is rapidly extending over the interior. There is an intermediate boarding school for 80 boys which opened last year. There is a boarding school attached to the Hadhrami Beduin Legion with 100 beduin boys in it, and another with 24 beduin girls. There are several town girls' schools, the biggest and best being in Mukalla with 150 girls, who learn not only to read and write, but to sew, embroider, wash, and cook. A most interesting experiment has lately been started with a whole village organized as a school, where 300 boys and girls of the serf class—a class which works hard but does very little thinking for itself—are being trained to run their own village and to learn various industries and crafts. Teachers of the Mukalla Government and other volunteers are also teaching adults of the serf class to read and write the language they speak and trying to induce in them some public health consciousness.

On the medical side a hospital is being built in Mukalla, and the sanitary state of the town—which may shortly have a municipality—has been greatly improved.

Of old, Government was mainly carried on by a handful of officials with a Sultan generally in India, but the present Sultan has spent most of his reign in his state and has a state council of officials and unofficials to help him. The executive work of Government is in charge of a state secretary and twenty organized departments.

In the Kathiri State progress has not been nearly so spectacular. The revenue is much smaller and the Wadi Hadhramaut is so divided by the jealousies of Sultans and tribesmen, and handicapped by the unwillingness or inability of the bulk of the seiyids to get together and co-operate, that the Government is not nearly so alive. There is, however, a state secretary at Seiyun and a good deal of the work of a government has been organized.

[Qu'aiti State -- Analyst]

24:Meulen and Wissmann T-3 (1931)1932 MM2 Hadhramaut MM2

753 and our doctor has had to adapt himself temporarily to it and
758 to fixed wishes regarding diet, in anticipation of the growth of better understanding and more trust. The result of his work as the first and only doctor in all Ḥaḍramaut is not as great as one would expect. Sayyid Abū Bakr himself is not yet sufficiently convinced of the value of western medical art to allow the never ending outlay on medicines and instruments for the expert help of the doctor. The first nurse in Terīm was an Arab from one of the African coast towns, who missed his cinema and café so much that he speedily fled from the place of banishment, to return to the towns where he could enjoy the blessings of western civilization. Thus the doctor has all the work again on his own hands.

743 An enormous mud building has been placed at his disposal. In it he lives, has his pharmacy, the polyclinic and the beginnings of an operating-room. Further, one of the young el-Kāfs, who was assistant to an Egyptian dentist who formerly worked here for some months, has a room where, equipped with modern instruments, he practises dentistry.

164 According to the doctor, Ḥaḍramaut seems to be a healthy country. Among the lower classes there is, however, a good deal of eye disease, and it is also true that malaria makes its appearance in the autumn. What will be the eventual outcome of this beginning of medical help will depend on the tact and devotion and staying-power of the young doctor.

312 After this we go with the doctor on a walking tour to see the sights of the town of Terīm. First of all, naturally, we visit the remains of old Terīm, on the borders of the residential area of the town; it consists of a bare low hill on whose top stand the ruins of the once great and mighty castle. There are always wells for drinking-water in castles of this kind. These wells are very deep as they are in the inner courtyard of the castles and are, consequently, dug from the summit of the hill. From this ruined castle one had a good view over
346 Terīm so rich in mosques, palaces and ... graves. The popular report in Ḥaḍramaut is that the town possesses 360 mos-

5:Gt. Brit. . Colonial Office G-3 (1947) 1949 MM1 Aden
Hadhramaut-MM2

Liaison

In the first half of 1947 the post of Protectorate Education Officer was filled, a post which had been vacant for a year. This Officer's duties include tours of inspection throughout the Protectorate, and advice and assistance, through the British Agents, where required.

In the Eastern Aden Protectorate advance was somewhat hampered by the absence of the Sudani Adviser for the greater part of the year on leave. However, estimates for grants under the Colonial Development and Welfare Act were prepared and despatched; these include schemes for enlarging the Intermediate School at Gheil Ba Wazir and for primary schools for the Kathiri State and Wahidi area. A number of scholarships for Hadhramis were given by the Governments of Syria, Egypt and Iraq.

HEALTH

Medical Report for the Western Aden Protectorate

His Majesty's Government finance a small medical service in the Western Aden Protectorate. The area covered is large, communications are poor and access to many parts is difficult. In consequence only a small proportion of the population, who are in great need of health services, can be visited and treated. Nevertheless, 16 dispensaries are maintained at strategic points in the Protectorate. New dressers are given instruction in hygiene and elementary medicine and nursing care, and are then sent out to open up new areas or to work with more senior dressers in the established dispensaries. They have to deal with diseases common to all races. Certain tropical diseases such as schistosomiasis and dysentery are very prevalent.

Drought and the vagaries of the climate also play their part in undermining the health of the inhabitants. The third year of drought in Sublihi country undoubtedly had an effect on the prevalence of tuberculosis, dental caries and vitamin deficiency diseases in that area.

Apart from the dispensaries in the Protectorate, the Keith Falconer Mission Hospital in Sheik Othman which trains the dispensers also welcomes up-country patients. More would come than do at present if ignorance and superstition did not prevail in the Protectorate. Again, for many the road to the hospital is physically difficult and it is certain that they come only as a last resort and after long deliberation. In consequence doctors do all they can to visit the dispensaries as frequently as possible and to spend adequate time at each one to treat the sick, and to give instructions to dressers to keep them up to date.

Famine Relief

During 1947 the situation in the Hadhramaut continued to improve. At the beginning of the year there were 1,112 persons being fed in the kitchens, which were closed by the end of March, leaving only Malja—a relief centre for those incapable of work—whose 716 inmates in March were gradually reduced to 227 in December. Nuqra dam, the major famine relief work undertaken, was finished in June. Remittances

S:Gt. Brit., Colonial Office G-3 (1948) 1950 MM1 Aden
Hadhramaut MM2

culture and winning a reputation for the Hadhramaut as a centre of religious education.

No parallel cultural or social development occurred in the recent past in the other areas of the Eastern Protectorate or in the Western Protectorate. Any development of education initiated by Government had therefore to contend with two different problems. On the one hand, there was in the Hadhramaut an appreciable number of cultured people who might become teachers after a short time of training, but in whom this advantage was offset by a tendency towards religious fanaticism and obscurantism. On the other hand, in the rest of the Protectorate the people were mainly illiterate and there was thus no immediate supply of potential teachers. This deficiency of trained teachers remains the biggest problem in Protectorate education to-day.

HEALTH

Western Aden Protectorate

The development of the Protectorate Medical Service was rather upset in the past three years by numerous changes of senior medical staff. However, one advantage came from this, namely that in the drawing up of a plan for future development, co-operative help and advice was given by every doctor and nurse who ever worked in the Protectorate.

At the beginning of the year, a three-month course was given for new tribal dressers, who were posted to work under senior dressers in the Protectorate.

It is estimated that in the course of the year 50,000 patients were treated in the 18 dispensaries. Malaria, dysentery, schistosomiasis and tuberculosis were the four most prevalent diseases. Obstetrical problems and gynaecology offer a very large field for research. Owing to customs necessitating the seclusion of women any estimate of these problems is pure conjecture. In spite of these restrictions, the Medical Officer attended a great many during his visits, especially in Beihan at the very edge of " the empty quarter " of Arabia. A number of those who otherwise would never receive surgical treatment were flown down to the hospital at Aden. Venereal disease was unfortunately on the increase in Abyan, where crowds of people of all kinds came to find work in the agricultural project there.

Many visits including some of several days duration were paid by the Medical Officer to the various dispensaries in the Protectorate during which between 4,000 and 5,000 selected patients were treated. Besides those patients who found their own way down to hospital in Aden, 150 or more were brought down on the Protectorate Medical Officer's recommendation.

HOUSING

The settled Western Aden Protectorate population is housed for the main part in mud-brick and stone dwellings, while the nomads live under camel-hair tents, straw huts, thatched-palm huts, and even under matting placed over vegetation or trees.

7: Gt. Brit., Colonial Office G-3 (1949-50) 1951 MM1 Aden
Hadhramaut mm2

871 under the auspices of the British Council. At the end of 1950 five Hadhrami students at Bin Khaldun School in Syria gained the first five places in the final class results for the year.

Twenty-two Qu'aiti pupils are now studying outside the Hadhramaut, nine being in the Sudan, five in Syria, four in Egypt and four in Iraq. The scholars in the Sudan are being financed by the Qu'aiti Government, while the remainder are being paid for from the Mukalla Charitable Fund. There are seven Kathiri students abroad, two being in Iraq, and five in Syria. Two of these students are being financed by their parents, while the rest are supported by the Tarim Brotherhood.

HEALTH

Western Aden Protectorate

744 Two outstanding developments have characterised the growth of the Protectorate Medical Service in 1949 and 1950. First, the ten most promising dressers were called in from their tribes in the mountains, deserts, valleys and coasts of the Protectorate for a year's course in curative and preventive medicine at the Keith Falconer Hospital, Sheikh Othman. Secondly, the first major malaria control scheme has been successfully undertaken at Abyan. This area which was once a death-trap due to malaria is now virtually rid of the anopheline mosquito. This enterprise was financed by a grant under the Colonial Development and Welfare Act in 1949 and has subsequently been carried on by local funds.

Major tours were made to the Dhala', Dathina and Beihan areas besides the usual routine visits to the twenty dispensaries.

164 Malaria, dysentery, tuberculosis and malignant malnutrition with its
743 associated conditions remain the most prevalent diseases. Trachoma
758 is very prevalent at the desert end of Beihan. There is very wide scope for nurses and lady doctors who can stand the rigours of the road, who will learn Arabic and who will take to heart the welfare of the women and children. On the whole the dressers are doing a good piece of work amongst their own tribes. There are six dispensaries between 3,000 and 5,000 feet up, three dispensaries in the mountains at 7,000 ft. or more—two of which are reached on foot and one by air—and the rest are in Subeihi, the Wadi Tiban, Abyan and the coast.

Many patients come too late for treatment, but after one has seen the difficulties of the roads it is astonishing that so many of them come at all, and it is for this reason that the dressers visit the villages from their dispensaries and the medical officer and nursing sister visit all areas as much as possible.

744 Recently a visit was made to Mukalla and Sai'un to advise about public health work, but the demands of the Western Aden Protectorate are so great and the staff so small for its needs that there is little time left for the Eastern Aden Protectorate.

In 1949 when the Protectorate Medical Officer was on leave, Dr. R. B. Smith, of the Keith Falconer Scottish Mission Hospital, acted in an honorary but full-time capacity.

8:Gt. Brit., Colonial Office G-3 (1951-52)1954 MMI Aden
Hadhramaut MM2

yet afford to offer pensionable service. Conditions of employment for a qualified teacher are therefore inferior to those obtainable, even in teaching, in the Colony. 875

Principal Events 873

The greatest change in the period under review was the closing down in March, 1952, of the Aden Protectorate College for the sons of Chiefs, a boarding school of primary standard which has been running for 17 years in the Colony. The College served a useful purpose and gained a high reputation in its time but was too small to be run economically. It has now been superseded by the primary schools in the various districts of the Western Protectorate.

Work on an intermediate boarding school at Zinjibar in the Western Protectorate began about the same time. The new intermediate school, which will take another three years to complete, forms a vital link between the primary schools and the Aden and Technical Colleges.

HEALTH

General 165

Protectorate health statistics are not yet available, though in places such as Tarim recent local studies show an infantile mortality rate of 439 per 1,000 live births, a rate rather greater than those previously reported for Mukalla and parts of the Western Protectorate.

Diseases 164

Important causes of sickness in the population are malaria, the dysenteries, ulcers, trachoma and conjunctivitis. Less obtrusive are pulmonary tuberculosis, bilharzia of both urinary and intestinal types, guineaworm (in patchy distribution), leprosy, dermal leishmaniasis and the common venereal diseases with, in places, what appears to be either yaws or bejel. In areas where night-soil is used as manure for salad vegetables round-worm infection is common. Where, as in the Hadhramaut towns, rigid purdah still obtains, ostemalacia, obstructed labour and puerperal fever are of relatively frequent occurrence. [291] Through failure of the capricious rainfall or floods in the winter months, famine and its associated subnutrition are an ever present threat. In certain Western States the consumption of qat (*Catha edulis*) is a cause of subnutrition and affections of the digestive tract.

Important causes of death in both young and adults are malaria and the dysenteries, and in adults pulmonary tuberculosis.

Prevention and treatment are provided by mobile health units, static health units (previously called dispensaries) and hospitals. 743 744 Prevention is furthered by lectures, demonstrations and film shows to teachers and local administrators, and by emphasis in the training of subordinate technical staff on the preventive aspects of medicine, more particularly cleanliness, insect control, balanced feeding and the values of local foodstuffs. A series of propaganda leaflets has been planned and the first one—on malaria—issued to the public. An effort is being made among communities remote from hospitals and health units to market at controlled prices insecticides, malarial remedies and sulphamezathine in small containers with instructions in Arabic.

8:Gt. Brit., Colonial Office G-3 (1951-52)1954 MM1 Aden
Hadhramaut MM2

000 remedies and sulphamezathine in small containers with instructions in Arabic.

Organisation and Policy

647 The health administration has a triple aspect : (a) co-ordination
743 and standardisation in the interests of efficiency, (b) direction of
759 activities financed by Her Majesty's Government, that is health work among States with as yet no health services of their own, and (c) advice and practical help to administrations with health services and doctors in their own employment.

There is a Health Adviser, with headquarters in Mukalla (Eastern Protectorate) and a sub-headquarters in the West at Sheikh Othman, and two Protectorate Medical Officers, one for the East and one for the West. The Protectorate Medical Officer and a nursing sister-midwife have been lent by the Keith Falconer Mission Hospital and are paid for by Her Majesty's Government.

In the West the Fadhli and Lower Yafa'i States have a joint health service under the control of a Health Board on which is represented the Abyan Board (the local agricultural development body), which contributes to the health service budget and is building a base hospital associated with a health service training centre for the Western Protectorate. The health service has a Senior Medical Officer in executive charge. Lahej State has a hospital half built and has budgetted for a doctor in the near future.

In the East the Qu'aiti health service has a Senior Medical Officer based on Mukalla Hospital and responsible for the Southern Qu'aiti District, and one woman doctor based on the newly built Shibam Hospital in the Wadi Hadhramaut and responsible for the Northern Qu'aiti District. The Kathiri health service has a Senior Medical Officer based on Sai'un in the Wadi Hadhramaut. The Wahidi health service came into being in 1952 and has an embryo hospital building. The Qu'aiti and Kathiri States have State Health Boards. Good progress is being made with the provision of accommodation, staff and equipment at Mukalla Hospital, which is to be a health service training centre and base hospital for the Eastern Protectorate.

Each hospital has a system of administratively dependent health units staffed by literate personnel who are being increasingly trained in preventive and therapeutic skills. The Keith Falconer Hospital of the Church of Scotland Mission at Sheikh Othman continues for the present, as it has been for the past 25 years, as the administrative and training base for most of these health units in the Western Protectorate. It is the intention to transfer these functions gradually to the local administrations. Mobile health units are based on Sheikh Othman in the West and Mukalla in the East.

Work by Voluntary Bodies

743 Church of Scotland and Danish Mission sisters and midwives have
741 established clinics at Dathina, Abyan, and Beihan. The Aden Society for the Blind late in 1952 carried out a small but valuable survey and treatment campaign in the Western Protectorate.

8:Gt. Brit., Colonial Office G-3 (1951-52)1954 MM1 Aden
Hadhramaut MNS

HOSPITALS AND HEALTH UNITS

Place	Hospitals (Beds) Built	Hospitals (Beds) Building	Health Units Built	Health Units Building	Total Beds
Less developed areas in Western Protectorate	—	1 (30) Labej	15	—	30
Fadhli–Lower Yafa'i States	—	1 (30) Makhzan	5	2	30
Qu'aiti State	2 Mukalla (50) Shibam (30)	—	18	—	80
Kathiri State	1 (10) Sai'un	—	8 (rented houses)	—	10
Wahidi States	—	1 (30) Meifa'ah	3	—	30
Non-Government	1 (10) Tarim	—	2	—	10
TOTALS	4	3	51	2	190

Chapter 8: Justice, Prisons and Security Forces

JUSTICE

The Law Courts in the Protectorate are of two kinds (a) Sharia Courts, which administer the Sharia or Quranic Law and (b) Common Law Courts, which handle all cases outside the jurisdiction of the Sharia Courts.

PRISONS

There is no recognised prison service in the Western Protectorate. Chiefs of States have their own state prisons, which are supervised by the political staff in controlled areas.

In the Eastern Protectorate, prison services are maintained by the Qu'aiti, Kathiri and Wahidi States.

SECURITY FORCES

Western Protectorate

Government Guards

This is the main security force. It is maintained by Her Majesty's Government and its present establishment is as follows:

British Officers	Arab Officers	N.C.O.s	Guards	W/T Staff	M/T Staff	Tradesmen etc.	Total
5	14	67	371	25	17	42	541

Detachments were maintained in five tribal districts throughout 1951—Dhala, Beihan, Dathina, Lower Aulaqi Sultanate, and Abyan—in support of the security forces employed by local administrations and, in addition, new posts were opened in the Upper Aulaqi Sheikhdom

A 744 ices in the government hospitals, and the Aden Society for the Prevention of Tuberculosis sponsors welfare and supplementary home visiting programs in conjunction with the government's antituberculosis campaign. The Women's Voluntary Service carries on child welfare work, and another society conducts an active program among the blind.

The South Arabia Mission of the Church of Scotland operates a hospital and dispensaries at Sheikh Othman, and assists in the expansion of health facilities in Western Aden Protectorate. The Sudan Interior Mission and the Danish Church Mission maintain centers in Aden township, with limited dispensary services.

Medical Institutions

A H 743 **Hospitals and Dispensaries.** There were 4 hospitals, with an aggregate capacity of about 600 beds, in the Colony in 1951 which served the peoples of the Protectorate as well as the Colony. The largest, the government Civil Hospital in the Crater section of Aden township, had a capacity of 350 beds, including 150 beds for the treatment of tuberculosis. The government health services also maintain a maternity and children's hospital of 90 beds and an infectious disease hospital capable of accommodating 100 patients. Second in importance to the Civil Hospital is the Keith Falconer Mission Hospital (Church of Scotland) at Sheikh Othman, with a capacity of about 60 beds. In addition, a small leper hospital at Sheikh Othman is administered by the mission staff on behalf of the Colonial authorities.

The government supports dispensaries at the Civil Hospital in Crater and at Tawahi, Maala and Sheikh Othman, while outpatient clinics are connected with the Keith Falconer Mission Hospital in Sheikh Othman. A maternal and child welfare clinic has been established at Crater in association with the maternity hospital. It is in charge of a woman physician, and has made con-

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ent progress in breaking down the preju-
es of the Arab community. In 1950, a
ereal disease treatment center functioned
in the Civil Hospital, and a second center
at the mission hospital was subsidized by
the government. In that year, small dispen-
saries were conducted in Aden by the Sudan
Interior Mission and the Danish Church
Mission, and two clinics were operated by
private physicians.

Two small hospitals, with a combined
total of 60 beds, were located at Mukalla
and Ash Shihr, in Eastern Aden Protec-
torate, in 1950. A child welfare center was
organized in Mukalla, while 15 dispensaries
were active in scattered towns in the coastal
region and the Hadhramaut. Eighteen dis-
pensaries were in operation in different
parts of Western Aden Protectorate.

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Laboratories. The principal medical
laboratory is that of the Civil Hospital at
Crater, in Aden township. It is equipped
for the performance of clinical, serologic
and microscopic examinations. Clinical lab-
oratory facilities are also available at the
mission hospital.

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Schools. There are no schools for the
training of medical personnel, but govern-
ment scholarships are provided for profes-
sional study and for postgraduate work at
schools in the eastern Mediterranean coun-
tries or in the United Kingdom.

In 1948, a course designed to improve the
standards in midwifery was started at the
Maternity and Child Welfare Clinic at
Crater. Practical training in nursing is given
to men and to a limited number of girls
at the Civil Hospital. The Keith Falconer
Mission Hospital undertakes the training
of medical assistants for work in the dis-
pensaries in Western Aden Protectorate.

Personnel

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Physicians. The number of civilian phy-
sicians practicing in the Colony totaled 26
in 1950. Nine medical officers and 13 as-
sistant medical officers were affiliated with
the Medical and Health Department of the

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Colonial government. Five physicians were working in the eastern protectorate; one in the western.

Dentists. In 1950, there were 3 dentists in Aden, one of whom was employed on the government's school health program.

DISEASES

The statistics compiled from the reports of cases of illness and death in the Colony are apt to give an erroneous impression of the health status of the local inhabitants, since a considerable proportion of the cases treated in hospitals and dispensaries are immigrants from Yemen or the Protectorate. Large numbers enter the Colony each year as transient laborers or traders, while others seek medical attention which is nonexistent in their home communities. The majority are undernourished and live in miserable, crowded quarters under conditions which facilitate the spread of infection. Morbidity and fatality rates in the immigrant population are abnormally high, and affect adversely the health statistics of the Colony as a whole. In the absence of adequate laboratory facilities, the diagnosis of many diseases is necessarily provisional, and the differentiation of various types of infection is seldom made. Moreover, from 10 to 15 per cent of the deaths are usually recorded under the heading "other fevers."

The health facilities in the Protectorate are of recent origin, and although dispensaries have been established in increasing numbers within the last two decades, they are elementary and serve only a small fraction of the population. The meager information derived from the reports of a few medical observers who have toured sections of the interior and from records of admissions to the hospitals in Aden permits scarcely more than rough generalizations as to the prevalence and the distribution of specific diseases among the peoples of the Protectorate. The diseases of primary concern in this area are malaria, tuberculosis, dysentery and eye and skin infections, all

75 per cent in Shuqra. In most localities, the infection rates ranged from 27 to 88 per cent among children under 15 years of age and from zero to 48 per cent in persons over 15 years of age. The Fadhli and the Abdali tribal districts were the most seriously affected regions visited.

Diseases of the Skin. Favus, ringworm and other mycotic skin infections are widely distributed. Madura foot is common in the Protectorate, and cases are seen in the Colony hospitals each year among patients from the interior. Phagedenic ulcers are responsible for considerable disability among laborers in the Colony and in all parts of the Protectorate. Several thousand cases are treated each year in the hospitals and the dispensaries in Aden Colony, where they are usually designated as "Yemen ulcers." The ankle is the most frequent site of infection, and amputation is often necessary in neglected cases.

Scabies and impetigo are prevalent, especially among the children of inland towns and villages who live under congested, insanitary conditions. By contrast, surprisingly few cases of scabies are encountered among the children seen in the schools in Aden township.

Leprosy. Leprosy is endemic in the Protectorate, but no indigenous cases have been reported from the Colony within recent years. The infection is probably not extensive, although foci of the disease are known to exist in the Hadhramaut and in the Lahej, the Dhala' and the Abyen areas in the western protectorate. As lepers are not discriminated against socially, some difficulty is encountered in controlling the movement of infected individuals in the Colony. A small leper hospital is located at Sheikh Othman: it receives patients not only from Aden territory but also from Yemen. Eighteen of the 29 patients in residence in 1939[18] were open nodular or lepromatous cases.

Other Infections. Tetanus is endemic, but reported cases are rare.

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officers. Special delousing stations were established along the 3 main trade routes from Yemen to guard against the development of new foci.

The prevalence of the infection diminished during the summer months, but sporadic outbreaks were again reported in the winter of 1944-45. Early in 1945, a series of permanent dispensaries was organized in Western Aden Protectorate, and the tribal dressers in charge were trained to undertake mass dusting of the populace with DDT powder in the event of further epidemics. No outbreaks of typhus have been reported from the Protectorate since 1945, although the disease has continued to smolder in Yemen.

Murine typhus is probably endemic. Suspected cases have been observed in Aden hospitals from time to time, but the diagnosis has not been confirmed by laboratory diagnosis.

Plague. Six outbreaks of plague have been recorded from the Colony within the present century—in 1899-1900, 1903-04, 1904-05, 1913-14, 1917-18 and 1927-28. The most serious epidemics were those of 1904-05, involving 2,299 known cases, and of 1927-28, with 1,494 cases and a fatality rate of 74 per cent. In each outbreak the initial cases were detected among dock laborers employed in moving cargo or in loading or unloading coal. Since evidence of a preliminary rat epizootic was lacking, the local authorities concluded that the disease had been introduced by infected workers or by individuals carrying infected fleas. It was considered probable that the rat infection was secondary to the human. The morbidity rates almost invariably reached a peak in February or March, and declined with the onset of hot weather. No plague has been reported from the Colony since 1928, but the danger of its importation by means of dhow traffic from endemic ports in Africa and the East is always present. The Medical and Health Department carries on an active rat control program, and examines significant numbers of captured rats each